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PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	GS 0446 A US
	First Named Inventor	Anton FRITZER
	COMPLETE IF KNOWN	
	Application Number	09 / 945,552
	Filing Date	September 2, 2001
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONTACT PRESSURE REGULATION SYSTEM

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) September 2, 2001

as United States Application Number or PCT International

Application Number 09/945,552 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
DE 100 44 338.9	Germany	09/08/2000	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

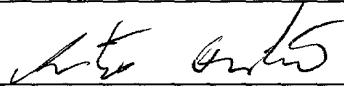

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		20676		OR <input type="checkbox"/> Correspondence address below	
Name Alfred J. Mangels					
Address 4729 Cornell Road					
Address					
City Cincinnati		State Ohio		ZIP 45241	
Country US		Telephone (513) 469-0470		Fax (513) 489-6030	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Anton			Family Name or Surname FRITZER		
Inventor's Signature 			Date 09.12.07		
Residence: City Markdorf		State		Germany Country	German Citizenship
Mailing Address Siemensstrasse 9					
Mailing Address					
City Markdorf		State		ZIP D-88677	Country Germany
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Wolfgang			Family Name or Surname REIK		
Inventor's Signature 			Date 10.12.2007		
Residence: City Bühl		State		Germany Country	German Citizenship
Mailing Address Sonnhalde 8					
Mailing Address					
City Bühl		State		ZIP D-77815	Country Germany
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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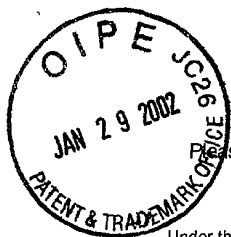
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Andreas		DEIMEL	
Inventor's Signature <i>Andreas Deimel</i>		Date <i>24.11.01</i>	
Residence: City Ingolstadt	State	Country Germany	Citizenship German
Mailing Address Winkelweg 3			
Mailing Address			
City Ingolstadt	State	ZIP D-85055	Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Ulrich		MAIR	
Inventor's Signature <i>Ulrich Mair</i>		Date <i>10.12.2001</i>	
Residence: City Bühl	State	Country Germany	Citizenship German
Mailing Address Friedrich-Ebert-Strasse 2d			
Mailing Address			
City Bühl	State	ZIP D-77815	Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/945,552
Filing Date	September 2, 2001
First Named Inventor	Anton FRITZER
Group Art Unit	
Examiner Name	
Attorney Docket Number	GS 0446 A US

I hereby appoint:

☒ Practitioners at Customer Number

20676

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Name	Registration Number
Alfred J. Mangels	22,605

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Individual Name

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Telephone

(513) 469-0470

Fax

(513) 489-6030

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Andreas DEIMEL

Signature

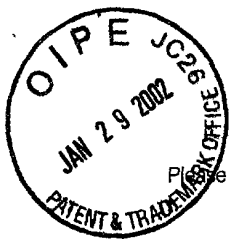
Andreas Deimel

Date

24.11.01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.



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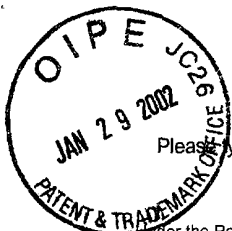
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Anton FRITZER
Signature	<i>Anton Fritzer</i>
Date	07. 12. 01

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
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SIGNATURE of Applicant or Assignee of Record

Name	Wolfgang REIK
Signature	<i>W. Reik</i>
Date	10.12.2001

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SIGNATURE of Applicant or Assignee of Record

Name	Ulrich MAIR
Signature	
Date	10.12.2001

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